## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

|   |           |            |                | ,     |                                 | 104 404 110 50  |              | ng and to the                             | ass regarding                   | pub.io baido | ***4                            |   |       |   |                   |                  |  |
|---|-----------|------------|----------------|-------|---------------------------------|---|--------------|---|---------------------------------|--------------|---------------------------------|---|-------|---|-------------------|------------------|--|
| SECTION 1 - General Inform  | nation    | <u> </u>   |                |       |                                 |   |              |   |                                 | _            | "                               |   |       |   |                   |                  |  |
| <ol> <li>Name and Mailing Addres</li> </ol>   | s of R    | espondent  |                |       |                                 |   |              |   |                                 |              |                                 |   |       |   |                   |                  |  |
| Santel Communica  | is Coopei | ative Inc. |                |       |                                 |   |              |   |                                 |              |                                 |   |       | Check here if this                        |                   |                  |  |
| PO Box 67   |           |            |                |       |                                 |   |              |   |                                 |              |                                 |   |       |   | is a change of    |                  |  |
| Woonsocket, SD 5  | 738       | 5          |                |       |                                 |   |              |   |                                 |              |                                 |   |       | add                                       | ress.             |                  |  |
| 2. Year Report Filed  3. Reporting Period (Ending Date of Pay  4. Number of Full-Time Employees during Selected |           |            |                |       |                                 |   |              |   |                                 |              |                                 |   |       |   | -                 |                  |  |
| 2018  |           |            | overed by Re   | port) |                                 | Reporting   | Period (chec |   |                                 |              |                                 |   |       |   |                   |                  |  |
| 2010  |           |            | 5/18/          | 18    |                                 |   |              | b. 2 16                                   | ewer than 16 (com               |              |                                 |   |       |   |                   |                  |  |
| SECTION II - Full-Time Emp  | loyee     | s,         |                |       |                                 |   |              | ··  |                                 |              | •                               |   |       |   |                   |                  |  |
|   |           |            |                |       |                                 |   |              |   | iber of Emplo<br>loyees in only |              | 0                               |   |       |   |                   |                  |  |
| Job<br>Categories   |           |            | Race/Ethnicity |       |                                 |   |              |   |                                 |              |                                 |   |       |   |                   |                  |  |
|   |           |            | anic or        |       | Not-Hispanic or Latino          |   |              |   |                                 |              |                                 |   |       |   |                   |                  |  |
|   |           | La         | itino          | Male  |                                 |   |              |   |                                 |              |                                 |   |       |   |                   | Columns<br>A - N |  |
|   | M         | <br>Male   | Female         | White | Black or<br>African<br>American | Native<br>Hawaiian or<br>Other<br>Pacific<br>Islander | Asian .      | American<br>Indian or<br>Alaska<br>Native | Two or more races               | White        | Black or<br>African<br>American | Native<br>Hawaiian or<br>Other<br>Pacific<br>Islander | Asian | American<br>Indian or<br>Alaska<br>Native | Two or more races | ,                |  |
|   |           | Α          | В              | С     | D                               | E   | F            | G   | Н                               | I            | J                               | к   | L     | M   | N                 | 0                |  |
| Executive/Senior Level<br>Officials and Managers  | 1.1       |            |                | 1     |                                 |   |              |   |                                 |              |                                 |   |       |   |                   | 1                |  |
| First/Mid-Level Officials and Managers  | 1.2       |            |                | 3     |                                 |   |              |   |                                 | 2            |                                 |   |       |   |                   | 5                |  |
| Professionals   | 2         |            |                |       |                                 |   |              |   |                                 | 1            |                                 |   |       |   |                   | 1                |  |
| Technicians   | 3         | _          |                | 22    |                                 |   |              |   |                                 |              |                                 |   |       |   |                   | 22               |  |
| Sales Workers   | 4         |            |                |       |                                 |   |              |   |                                 |              |                                 |   |       |   |                   | 0                |  |
| Administrative Support<br>Workers   | 5         |            |                | 2     |                                 |   |              |   |                                 | 2            |                                 |   |       |   | _                 | 4                |  |
| Craft Workers   | 6         |            |                |       |                                 |   |              |   | _ :                             |              |                                 |   |       |   |                   | 0                |  |
| Operatives  | 7         |            | Į!             |       |                                 |   |              |   |                                 |              |                                 |   |       |   |                   | 0                |  |
| Laborers and Helpers  | 8         |            |                |       |                                 |   |              |   |                                 |              |                                 |   |       |   |                   | 0                |  |
| Service Workers   | 9         |            |                |       |                                 |   |              |   |                                 |              |                                 |   |       |   |                   | 0                |  |
| TOTAL   | 10        | 0          | 0              | 28    | 0                               | 0   | 0            | 0   | 0                               | 5            | 0                               | 0   | 0     | 0   | 0                 | 33               |  |
| PREVIOUS YEAR TOTAL   | 11        |            |                | 24    |                                 |   |              |   |                                 | 5            |                                 |   |       |   |                   | 29               |  |

FCC 395

|  |   | Number of Employees (Report employees in only one category) |                                |                                  |   |              |   |                       |               |                                 |   |                              |   |                   |     |  |
|--|---|---|--------------------------------|----------------------------------|---|--------------|---|-----------------------|---------------|---------------------------------|---|------------------------------|---|-------------------|-----|--|
| Job  | Race/Ethnicity  |   |                                |                                  |   |              |   |                       |               |                                 |   |                              |   |                   |     |  |
| Categories   | Hispanic or<br>Latino   |   | Not-Hispanic or Latino         |                                  |   |              |   |                       |               |                                 |   |                              |   |                   |     |  |
|  |   |   | Male                           |                                  |   |              |   |                       |               |                                 | Female  |                              |   |                   |     |  |
|  | Male  | Female<br>B   | White                          | Black or<br>African<br>American  | Native<br>Hawaiian or<br>Other<br>Pacific<br>Islander | Asian        | American<br>Indian or<br>Alaska<br>Native | Two or more races     | White         | Black or<br>African<br>American | Native<br>Hawaiian or<br>Other<br>Pacific<br>Islander | Asian                        | American<br>Indian or<br>Alaska<br>Native | Two or more races | A-N |  |
|  | Α   |   |                                |                                  |   |              |   |                       |               |                                 |   |                              |   |                   |     |  |
| Executive/Senior Level Officials and Managers  | 1   |   |                                |                                  |   |              |   |                       |               |                                 |   | IX.                          |   |                   | 0   |  |
| First/Mid-Level Officials and Managers 1.  | 2   |   |                                |                                  |   |              |   |                       |               |                                 |   |                              |   |                   | 0   |  |
| Professionals  | 2   |   |                                |                                  |   |              |   |                       |               |                                 |   |                              |   |                   | 0   |  |
| Technicians  | 3   |   | 1                              |                                  |   |              |   |                       |               |                                 |   |                              |   |                   | 1   |  |
| Sales Workers  | 4   |   |                                |                                  |   |              |   |                       |               |                                 |   |                              |   |                   | 0   |  |
| Administrative Support<br>Workers  | 5   |   |                                |                                  |   | Ī            |   |                       |               |                                 |   |                              |   |                   | 0   |  |
| Craft Workers  | 6   |   | 1                              |                                  |   |              |   |                       | 2             |                                 |   |                              |   |                   | 3   |  |
| Operatives   | 7   |   |                                |                                  |   |              |   |                       |               |                                 |   |                              |   |                   | 0   |  |
| Laborers and Helpers   | 8   |   |                                |                                  |   |              |   |                       |               |                                 |   |                              |   |                   | 0   |  |
| Service Workers  | 9   |   | 1                              |                                  |   |              |   |                       |               |                                 |   |                              |   |                   | 1   |  |
| TOTAL 1  | 0   | 0   | 3                              | 0                                | 0   | 0            | 0   | 0                     | 2             | 0                               | 0   | 0                            | 0   | 0                 | 5   |  |
| PREVIOUS YEAR TOTAL 1  | 1   |   | 5                              |                                  |   |              |   |                       | 1             |                                 |   |                              |   |                   | 6   |  |
| SECTION IV - Report of Discrim   | ination Com   | plaints Pursua  | nt to 47 CFI                   | R 22.321, 23.5                   | 55, 90.168, 101                                       | .4, and 101  | .311.                                     |                       |               |                                 |   |                              | 1   |                   |     |  |
| This is to advise the company before any This is to advise the (Attach a list indicating | body having<br>Commission   | competent juris   | diction in suc<br>g complaints | ch matters dur<br>alleging viola | ring the calenda<br>ations of the pro                 | ar year cove | red by this rep<br>ny equal empl          | ort.<br>oyment opport | unity statute | have been fil                   | ed against this                                       | company.                     |   |                   |     |  |
| SECTION V - Certification I certify that to the best of my know                          | wledge, infon   | mation, and beli  | ef. all statem                 | ents in this re                  | port are true ar                                      | nd correct.  |   |                       |               |                                 |   |                              |   |                   |     |  |
| Date / / / Ty  | ped or Printe   | d Name of Pers  |                                |                                  | Signature   |              |   |                       |               |                                 |   | Telephone No. (605) 796-4411 |   |                   |     |  |
| Title of Person Signing CEO/General Management   | WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503). |   |                                |                                  |   |              |   |                       |               |                                 |   | VOCATION                     |   |                   |     |  |